

Fill	in this information to identify your ca	ase:				1				
	otor 1 Linda Acord									
	otor 2				_					
Uni	ted States Bankruptcy Court for the	: EASTERN DISTRICT	OF PENNSYLVANIA	4						
Cas	se number 18-16135				Chec	k if this is:	:			
(If kr	nown)		•				ın amende	ed filing		
									g postpetition ollowing date:	chapter
0	fficial Form 106I					N	MM / DD/ Y	/YYY		
S	chedule I: Your Inc	ome								12/1
spo atta Par	plying correct information. If you use. If you are separated and you ch a separate sheet to this form. 11: Describe Employment	r spouse is not filing wi	th you, do not inclu	ide infor	mati	on abou	t your spo	ouse. If me	ore space is	needed,
1.	Fill in your employment information.		Debtor 1				Debtor 2	2 or non-fi	ling spouse	
	If you have more than one job, attach a separate page with information about additional employers.	Employment status	■ Employed				☐ Employed			
		Limployment status	☐ Not employed				☐ Not employed			
		Occupation	Production Cod	ordinato	r					
	Include part-time, seasonal, or self-employed work.	Employer's name	Almac Clinical	Service	s, L	LC				
	Occupation may include student or homemaker, if it applies.	Employer's address	25 Fretz Road Souderton, PA 18964							
		How long employed to	here? 19 yea	rs			_			
Par	t 2: Give Details About Mor	nthly Income								
	mate monthly income as of the dause unless you are separated.	ate you file this form. If	you have nothing to r	eport for	any	line, write	e \$0 in the	space. In	clude your no	n-filing
If yo	u or your non-filing spouse have mo e space, attach a separate sheet to	ore than one employer, co	ombine the information	n for all e	empl	oyers for	that perso	on on the li	nes below. If	you need
						For Del	btor 1		btor 2 or ng spouse	
2.	List monthly gross wages, sala deductions). If not paid monthly,			2.	\$	4	,580.59	\$	N/A	
3.	Estimate and list monthly overt	ime pay.		3.	+\$		0.00	+\$	N/A	
4.	Calculate gross Income. Add lir	ne 2 + line 3.		4.	\$	4,5	80.59	\$	N/A	

Official Form 106I Schedule I: Your Income page 1

Deb	tor 1	Linda Acord	_	Case	number (if known)	18-1613	,5	
					r Debtor 1		otor 2 or	
	Cop	y line 4 here	4.	\$	4,580.59	\$	N/A	
5.	List	all payroll deductions:						
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	1,029.41	\$	N/A	
	5b.	Mandatory contributions for retirement plans	5b.	\$	0.00	\$	N/A	
	5c.	Voluntary contributions for retirement plans	5c.	\$	273.30	\$	N/A	
	5d.	Required repayments of retirement fund loans	5d.	\$_	644.87	\$	N/A	
	5e. 5f.	Insurance Domestic support obligations	5e. 5f.	\$_ \$	134.68	\$	N/A N/A	
	5g.	Union dues	5g.	\$ -	0.00	\$	N/A N/A	
	5h.	Other deductions. Specify: Group Term Life Offset	5h.+	: -		+ \$	N/A	
		Accident Insurance	_	\$	15.80	\$	N/A	
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	2,123.43	\$	N/A	
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$_	2,457.16	\$	N/A	
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	0.00	\$	N/A	
	8b.	Interest and dividends	8b.	\$-	0.00	\$	N/A	
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive		-		·		
		Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	90	\$	0.00	¢	NI/A	
	8d.	Unemployment compensation	8c. 8d.	-\$ -	0.00	\$	N/A N/A	
	8e.	Social Security	8e.	\$	0.00	\$	N/A	
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	e 8f.	\$	0.00	\$	N/A	
	8g.	Pension or retirement income	8g.	\$_	0.00	\$	N/A	
	O.I.	Prorated 2020 Tax Refund	Ol.	Φ.	372.17	. •	N/A	
	8h.	Other monthly income. Specify: (\$4466/12)	_ 8h.+	\$_	372.17	+ \$		
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	372.17	\$	N/A	
10.		culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$		2,829.33 + \$_	<u> </u>	1/A = \$	2,829.33
11.	Inclu othe Do i	e all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your refriends or relatives. not include any amounts already included in lines 2-10 or amounts that are not acify: Contribution from Adult Son	depen		. ,	ed in <i>Sche</i>	edule J. 11. +\$	800.00
12.		the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certaines				, if it		3,629.33
13.	Do	you expect an increase or decrease within the year after you file this form	2				Combine monthly	
10.		No.	•					
		Yes Explain:						